agnosis, duration of disease, clinical and laboratory symptoms, procedures of dialysis and antianemic therapy). Health-related quality of life was assessed with self-administrated validated version of Russian version of Euroqol-5D questionnaire. Inclusion criteria were age older than 18 years, terminal stage of chronic renal failure and treatment with dialysis more then 4 months. **RESULTS:** 1395 completed questionnaires were received by September, 2010. Mean age was 42 years. 45% patients reported chronic glomerulonephritis as a main reason of chronic renal failure, 22% - chronic pyelonephritis, 10% - diabetes, 8% - polycystic kidney disease, other diseases – 1,5%. Average level of hemoglobin was 107±16.2 g/l. 80% of patients reported that they got 12-14 procedures of dialysis during last month. The average length of one procedure was 4-5 hours just for 17% of patients, in other cases (80%) length of dialysis was shorter. Analysis of antianemic therapy has shown that 85% got erytropoetins and 70% - iron supplements. More than half of patients reported problems within each of EQ-5D dimensions of health. Thus 42.5% of patients reported problems with mobility, 20% - difficulties with self-care; 58.7% - difficulties with usual activities; 67% - reported about pain or discomfort; 47% - reported about an anxiety or depression. The average value of quality of life evaluated with visual-analog scale (VAS) was 0.59 (SD 0.17), median – 0.6. **CONCLUSIONS:** Analyses of quality of life have demonstrated high rate of problem with usual activity and pain and discomfort and low rate of problem with self-service.

PSY43

HEALTH-RELATED QUALITY OF LIFE IN UKRAINE PATIENTS WITH HEREDITARY COAGULOPATHIES

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OBJECTIVES: To assess health status, treatment patterns and quality of life in patients with hereditary coagulopathies in Ukraine. **METHODS:** Postal health survey. Questionnaires were distributed in May - August 2009. Health-related quality of life was assessed with self-administrated validated version of Russian version of Euroqol-5D questionnaire. Comparison was made with data about health-related quality of life of Russian patients (P.Vorobeyv et. al., 2008, data of 1003 patients was used in analyses). Analysis of experimental data was performed with χ^2 criteria. **RESULTS:** 154 completed questionnaires were received by September, 2009. Health-related quality of life was assessed for patients older than 11 years (n = 142). More than half of patients reported problems within each of EQ-5D dimensions of health. Thus 88.8% of patients reported of problems (moderate and severe) with mobility (63.9% of Russian patients, $p<0.05$), 57.7% of patients inform of difficulties with self-care (35.5% of Russian patients, $p<0.05$); 81% of patients had difficulties with usual activity (61.9% of Russian patients, $p<0.05$); 90.9% of patients reported of presence of pain/discomfort (78.9% of Russian patients, $p<0.05$); 60.5% of patients had an anxiety or depression (54.2% of Russian patients, $p>0.05$). The average value of quality of life according to visual-analog scale was 0.44 (SD 0.22). **CONCLUSIONS:** The study of quality of life in patients with hereditary coagulopathies was performed for the first time in Ukraine. Results of the study shown high rate of problems all aspects of health-related quality of life. Ukraine patients with hemophilia have worse quality of life than Russian patients.

PSY44

PAIN MANAGEMENT: IMPACT ON QUALITY OF LIFE

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OBJECTIVES: The fight against pain, which represents a public health challenge and a criteria of the quality and development of a health system, above all aspires to meet objectives of humanity, ethics and human dignity. Physical pain and mental suffering experienced across all age groups renders those affected by illness even more vulnerable. Pain causes incapacity, handicap and considerable deterioration in the quality of life. Fighting against pain meets a legitimate expectation of every person. **METHODS:** To assess the quality of life in patients suffering from intense pain which has progressed since less than 7 days treated by a combination of paracetamol and codeine. A multi-centre longitudinal observational prospective study carried out in metropolitan France using data collected by general practitioners who agreed to participate. **RESULTS:** 574 patients treated by a paracetamol-codeine combination (600mg/50mg and 400mg/20mg) were included; at inclusion the quality of life assessed using SF-12 was affected as much in terms of the mental component (41.83 ± 7.92) as the physical component (35.88 ± 11.68) – the norm of the scores for each component is equal to 50 – on D7, the quality of life assessed in a similar manner using SF-12 was 43.31 ± 9.89 for the mental component and 40.93 ± 7.92 for the physical component. A statistically significant improvement was noted for each of the 2 mental ($p=0.0091$) and physical ($p<0.0001$) components between the first day of treatment and the 7th day. **CONCLUSIONS:** The improvement in quality of life observed directly through SF-12 was also confirmed by patient satisfaction: from the first day, 61% of patients declared themselves to be satisfied. On the 7th day of treatment, 87.10% were satisfied with their treatment.

PSY45

CHARACTERISTICS OF CAREGIVERS AND THEIR EXPERIENCE ASSOCIATED WITH CONGENITAL HEMOPHILIA OF INHIBITOR PATIENTS

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OBJECTIVES: Congenital hemophilia is a chronic disease diagnosed early in life in severe cases. Development of alloantibody inhibitors to exposure to replacement factor VIII and IX concentrates is the most serious treatment complication among patients. It is estimated that 900-1,200 patients have congenital hemophilia with inhibitors (CHwI) in the United States (US). Limited research exists to document the experience of their caregivers. **METHODS:** As part of a cross-sectional survey evaluating preservation of joint health and quality of life among CHwI patients in the US, caregivers' experience was assessed via the HAEMO-QoL instrument, containing an open-ended question capturing caregivers' burden. Responses were assessed for trends and consolidated into categories. Descriptive analyses were employed to evaluate caregivers' demographic characteristics and their burden with the disease. **RESULTS:** Questionnaires were received from 60 caregivers. Mean age of patients under care was 10.6 years (SD=10.3). 91.7% of patients under care had Hemophilia A and 68.3% had high-titer inhibitors. Unemployment as a result of caregiver responsibilities was reported by 28.1%. 31.7% reported having health insurance with a lifetime cap. Among these, 73.7% were "somewhat" to "very concerned" about reaching the cap. Among 55 HAEMO-QoL respondents 26.3% were "considerably" to "very much so" bothered by the patient's disease. A total of 159 open-ended responses were provided by 51 caregivers concerning their experience about living with hemophilia and its treatment: 22.6% highlighted emotional stress, 15.1% emphasized financial burden including work time, 12.0% involved lost time excluding work, and 11.3% involved medical management issues. **CONCLUSIONS:** One quarter of caregivers were "considerably" to "very much" bothered by the patient's condition. They reported emotional stress and financial burden as negative experiences dealing with hemophilia and its treatment. Medical management is also an area of concern. A caregiver's negative experience might impact children's HRQoL, which should be analyzed in future research.

PSY46

DISEASE SYMPTOMS, TREATMENT SATISFACTION, AND COPING STRATEGIES IN PATIENTS WITH LUPUS

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OBJECTIVES: The impact of lupus on patients' everyday lives is important to understand. We therefore investigated the perceptions of lupus patients on disease symptoms and coping strategies. **METHODS:** Participants (USA and Europe) completed a patient-led Internet-based questionnaire between April and May 2009. **RESULTS:** 914 respondents reported having lupus (95% female, 80% 20–50 years of age). The most common lupus symptoms reported were fatigue (92%) and arthritis, muscle pain/weakness or tendinitis (89%). Antimalarials were the most commonly used lupus treatment (53%), followed by corticosteroids (51%). Less than half of the respondents were satisfied/very satisfied with their current treatment (49%). Approximately one-third of respondents stated that lupus had a highly significant effect on their careers (37%), on their physical well-being (34%) and on everyday things (30%). Furthermore, approximately one-fifth of respondents felt that lupus had a highly significant effect on their social life (23%) and mental health (20%), while 11% reported it had a highly significant effect on their relationship with their family. Most patients reported talking to family (93%) and friends (89%) about lupus or sharing with them they had lupus (97% and 95%, respectively); 79% reported talking to others with lupus. 77% reported it was 'easy/very easy' to talk to their doctors about their symptoms. The most difficult symptoms to explain were depression (45%) and CNS problems (34%). The most helpful forms of support were understanding from family and friends (73%), ability to speak with healthcare professionals (63%), and being connected to other lupus patients via the Internet (50%). **CONCLUSIONS:** Lupus impacts greatly on patient's everyday lives with the most common symptom reported being fatigue. Many patients remain unsatisfied with their treatment. Communication with family members, friends, healthcare professionals and other lupus patients are important strategies to facilitate coping with lupus symptoms.

PSY47

WILLINGNESS TO PAY (WTP) FOR WEIGHT LOSS COACHING: RESULTS FROM THE POWER TRIAL

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OBJECTIVES: Efficacious medical or behavioral weight-loss programs are not routinely covered by insurance. Understanding how patients value weight loss interventions by assessing their willingness to pay (WTP) is critical to translating findings from effectiveness trials into practice. Upon completion of a randomized clinical trial comparing an in-person behavioral intervention to a phone/email/web-based intervention for weight-loss, we studied participants' WTP and characteristics associated with WTP for continuing these programs. **METHODS:** POWER Hopkins is an NHLBI-funded 24-month randomized clinical trial of weight loss comparing in-person vs. call center directed coaching interventions plus web-based education and tracking support. At the end-of-study visit, we interviewed participants and used double bound dichotomous-choice to assess their WTP. Using linear regression, we examined baseline characteristics (age, sex, income, race, education, and BMI) associated with WTP. **RESULTS:** Of the 234 adults completing the trial to date, 206 (88%) reported on WTP. Mean age was 57 years, 61% were women, 56.3% were White, mean BMI at baseline (2 years earlier) was 36.4 kg/m^2, 33% had graduate or professional degrees, 61% had annual family income >$75,000. Participants thought their intervention was worth $70.9 (95%CI 60.3-